

* After the review; PCG asked to decrease to 2 client home. JJ

Foster Family Home - Corrective Action Report

Provider ID: 1-160027

Home Name: Jennifer Guillermo, CNA

Review ID: 1-160027-4

94-823 Lumikuke Loop

Reviewer: Lisa Johnson

Waipahu HI 96797

Begin Date: 2/20/2019

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 Home inspection made for a 3 bed recertification survey. Corrective action report issued with a written plan of correction due to CTA by 3/20/19.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.a.1 eCrim/State name check for CG#1 and CCG#2 were not certified and therefore invalid.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(5)(C)(iv) Use of an insured vehicle;

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.e HHM#1 and HHM#2 are listed on the general liability insurance and as a SCG on fire drill forms. These two HHMs are not CTA approved substitute caregivers.

41.b.5.C.iv No auto insurance policy present with coverage amounts present for HHM#1 and HHM#2, whom are substitute drivers, prior to 2/2019.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(a)(5) Staff Primary and substitute caregivers complete a minimum of twelve hours of continuing education every twelve months or at least twenty-four hours of continuing education every twenty-four months, per 321-483(b)(4)(B) HRS.

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

3P.a.5 CG#2 has only 14 hours of the 24 hours required. There are printouts present of additional training. However, they lack hours, a date and a trainers signature.

3P.b.2 There are no sign out sheets present for CTA to be able to confirm coverage when PCG is out of the home.

Foster Family Home - Corrective Action Report

Foster Family Home

Client Care and Services

[11-800-43]

43.(c)(1) Be appropriate to the age and condition of the client and provided in a homelike environment;

Comment:

43.c.1 The hot water valve to the client bathroom sink was turned off so there was no water when the hot water handle was turned on.

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(d)(1) By order of a physician;

47.(d)(2) Reflected in the client's service plan; and

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.d.1 and 47.d.2 Client #1 has a wheelchair safety belt and side rails on service plan. No orders present. Client #2 has side rails and wheelchair on service plan narrative. However boxes are not checked in the appropriate place. A wheelchair safety belt is ordered, however, appropriate box not checked on service plan.

47.e No specific instructions or training regarding the special feeding needs of client #2 were present.

Foster Family Home

Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.e There is a gated fence around home that is locked at night. The home also has dogs. There is no intercom, door bell or other device outside the gate in order to alert that home that someone, such as CTA, DOH, DHS, APS, visitors, etc. are outside and need to be let inside without calling the home.

Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

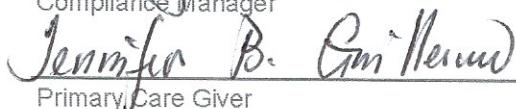
54.(c)(5) Medication schedule checklist;

Comment:

54.c.2 There is no representative signature on Client #2 service plan for either the 9/18/18 or 3/29/18 service plans.

54.c.5 Client #2 has two medication discrepancies where the MAR and order instructions match for frequency but they do not match the prescription label.


Compliance Manager


Primary Care Giver


Date


Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Jennifer Guillermo

CCFFH Address: 94-823 Lumikuke loop Waipahu Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.c.2	The signature of the representative of my Client Service Plan was signed by the (Husband) representative.	2-22-19	The Home nderstand that all the service plan must be signed by the representative of the client at all times and will check it before Case Manager leaves home.
54.c.5	The medication discrepancy was corrected by client CMA ,MD and, Pharmacy and CG #1 Clients Medication Administration Record (MAR) now match.	2-25-19	All caregivers must check and make sure that all the medication orders, bottles and MAR match. PCG will notify CMA and Pharmacy and or Doctor if there are any discrepancies and will correct the discrepancy ASAP.

Primary Caregiver's Signature: _____

Print Name: Jennifer B. Guillermo

Date of Signature: 4-1-2019

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Jennifer Guillermo

CCFFH Address: 94-823 Lumikuke loop Waipahu Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
50.e	For the Quality Assurance I install my door bell at my gate. To allow visitors to notify home access is needed without having to use phone.	2-25-19	The home installed a door bell for more Quality Assurance for anybody coming to the house the CTA, DOH, DHS, APS visitors and family that will come to the house over any announced or unannounced visitors.

Primary Caregiver's Signature: _____

Print Name: Jennifer B. Guillermo

Date of Signature: _____

4-1-2019

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Jennifer Guillermo

CCFFH Address: 94-823 Lumikuke loop Waipahu Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
47.e	Inservice conducted for the feeding of my client #2.	2-26-19	This PCG will contact CMA as soon as she receives new orders to make sure all SCGs have the appropriate training to care for her clients, including client #2. The orders will be filed in the client's Binder.

Primary Caregiver's Signature: _____

Print Name: Jennifer B. Guillermo

Date of Signature: _____

4-1-2019

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Jennifer Guillermo

CCFFH Address: 94-823 Lumikuke loop Waipahu Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
47.c & 47.d.2	<ul style="list-style-type: none">- The client #1 now have a w/c safety belt and side rails on his service plan and has the Physician Orders. The- The client #2 now has side rail and w/c belt on the service plan. I called the CMA to correct the service plan narrative. It is now filed in the client #2 binder.	2-23-19	<ul style="list-style-type: none">- PCG understand she notify the physician to make on orders for my client to have a physician order for client #1 safety belt and the w/c and the side rail up at night time and will obtain orders as needed.- The home understand and will notify clients CMA to update the service plan to my client #2 ASAP. PCG will check the Service Plan before Case Manager leaves home to ensure it is correct.

Primary Caregiver's Signature: Jennifer Guillermo

Print Name: Jennifer B. Guillermo

Date of Signature: 4-1-2019

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Jennifer Guillermo

CCFFH Address: 94-823 Lumikuke loop Waipahu Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43.c.1	The hot H2O was already Ok. The value of the faucet in the client bathroom sink was turned on and it was fit and it's already working.	2-21-19	PCG will make sure it working properly at all times. PCG will check it every month.

Primary Caregiver's Signature: _____

Print Name: Jennifer B. Guillermo

Date of Signature: _____

4-1-2019

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Jennifer Guillermo

CCFFH Address: 94-823 Lumikuke loop Waipahu Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
3P.b.2	The sign out sheet must be present and update at all time to confirm coverage when PCG is not home.	2-21-19	The PCG understand at all times that the time out sheet must be out and kept up to date all times so that when there is a CTA and any unannounced visit they will see who is covering and watching the client. And I add one more SCG to ensure that all my clients are safe. I will train SCGs to fill out forms every time they come in and before they leave the CCFFH.

Primary Caregiver's Signature: _____

Print Name: Jennifer B. Guillermo

Date of Signature: _____

4-1-2019

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Jennifer Guillermo

CCFFH Address: 94-823 Lumikuke loop Waipahu Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.b.5c	The Auto Insurance Policy with coverage amounts for the SCG #2 and the HHM #1 are now in the home binder.	2-28-19	house understand that the Auto Insurance Policy with the coverage amounts must be keep all the time in the folder and it must identify all the Caregiver and the House hold members who are driving the Automobile.
3.Pa5	SCG #2 has completed the additional 10 hrs. This meets the 24 hours that is required. Certificates have the dates and trainer signatures.	3-6-19	In the Future all the Caregivers training program must be sign by the trainees and attend the 12 units of continuing eduction every 12 months.

Primary Caregiver's Signature: _____

Print Name: _____

Jennifer B. Guillermo

Date of Signature: _____

4-1-2019

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: Jennifer Guillermo

CCFFH Address: 94-823 Lumikuke loop Waipahu Hawaii 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
89.1	eCrim/ State name is certified to CG #1 and CG #2	3-11-19	The CG #1 : CG #2 needs to understand that the eCrim must be all certified by the state. Caregivers will go to eCrim website to obtain certified eCrim doc.
	HHM#1 and HHM #2 will be taken out from the liability insurance. HHM #1 & #2 will continue to participate in fire drill, but not as a SCG.	2-26-19	In the future the CG #1 understand that the liability insurance and the time drill will not included the house members. Only the Primary Caregiver and the Substitute Caregiver will be on the liability insurance and the time drill in the future.

Primary Caregiver's Signature: 

Print Name: Jennifer B. Guillermo

Date of Signature: 4-1-2019